## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/593.404

FILING DATE 89-19-06

SERIAL NO.

(FOR USE WITH FORM PTO-875)

CLAIM

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TOTAL CLAIMS		AL PACE	5	7 10 10 10 10 10 10 10 10 10 10 10 10 10		Alt Section

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Barbara Campbell, PCT National Stage

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